

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. JosephRegistration District No. 85Primary Registration District No. 100(No. Mo. Methodist Hospital)File No. 49439Registered No. 1601

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF _____6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31 - 19367. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
Newborn8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME Lorraine Woodman16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bedford, Iowa17. INFORMANT (ADDRESS) Mother

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Joseph DATE JAN 2, 193719. UNDERTAKER (ADDRESS) LEEMAN & SONS, INC.
1946 Calhoun St. Joseph, Mo.20. FILED 1-2 1937 J. F. Woodman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Still born

Other contributory causes of importance:

1. Aspiration of mucus & amniotic fluid intra uterine
2. Cerebral hemorrhage

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy. Was there an autopsy? Yes.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. F. Woodman, M. D.(Address) Bedford, Iowa

